



## Missouri Pharmacy Program – Preferred Drug List



### Oral Antidiabetics: Meglitinides

***Effective 04/27/2005***

Revised 01/04/2006

#### **Preferred Agents**

- Starlix®

#### **Non-Preferred Agents**

- Prandin®

<b>Approval Criteria</b>	<b>Denial Criteria</b>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agent(s)	Lack of adequate trial on required preferred agent
Documented trial period for preferred agent	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agent	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030